

## **Bridges Program** Participant Move-In Inspection

3/2009

Resident Name
Address of Unit
City and Zip Code
Please note conditions at move-in as accurately and completely as possible. This information will be useful at move-out in cases where damages are claimed against the security deposit. Unless a condition is noted otherwise, we will assume everything is satisfactory at move-in.
The participant should sign the inspection form and have the manager/owner review the inspection and sign. Return the original to the Housing Agency. Keep one copy for your records and give the manager/owner the other copy.
Kitchen
Oven, racks, drip pans, broiler pans
Refrigerator, shelves, door, freezer, ice trays
Counters, cabinets, drawers
Sink, faucets
Dishwasher
Garbage disposal
Light fixture
Floor
Walls, ceiling, window
<u>Bathroom</u>
Sink, faucets
Tub, shower
Toilet
Medicine cabinet, mirror

Floor	
Walls, tiles, ceiling	
Light fixtures	
Exhaust fan/window	
Living Room/Dining Room	
Windows, patio windows, screens	
Light fixture	
Walls, ceiling	
Floor (carpet)	
Drapery rod	
Closet doors	
Bedroom No. 1	
Windows, screens, shades	
Drapery rods	
Closet doors	
Light fixture	
Walls, ceiling	
Floors (carpet)	
Bedrooms No. 2 and No. 3 (specify by num Windows, screens, shades	ber if more than two bedrooms in unit.)
Drapery rods	
Closet doors	
Light fixture	
Walls, ceiling	
Floors (carpet)	
Keys	
Number given at move-in: Apartment	_ Security
Mailbox	Garage

Other Comments	
Tenant	Manager/Owner
Date	Date
	Signature by manager/owner acknowledges
	receipt and agreement unless comments are written below.
Owner/Manager Comments	